

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination ( <i>Month, Day, Year</i> )	Reporting Status ( <i>Check Appropriate Boxes</i> )	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report <input type="text"/>	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date ( <i>If Applicable</i> ) ( <i>Month, Day, Year</i> ) <input type="text"/>	<b>Fee for Late Filing</b> Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee.
<b>Reporting Individual's Name</b>	Last Name			First Name and Middle Initial			
<b>Position for Which Filing</b>	Title of Position			Department or Agency ( <i>If Applicable</i> )			<b>Reporting Periods</b> <b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.  <b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.  <b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <b>Schedule A --</b> The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.  <b>Schedule B --</b> Not applicable.  Schedule C, Part I (Liabilities) -- The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.  <b>Schedule C, Part II</b> (Agreements or Arrangements) - Show any agreements or arrangements as of the date of filing.  <b>Schedule D --</b> The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
<b>Location of Present Office</b> ( <i>or forwarding address</i> )	Address ( <i>Number, Street, City, State, and ZIP Code</i> )				Telephone Number ( <i>Include Area Code</i> )		
Position(s) Held with the Federal Government During the Preceding 12 Months ( <i>If Not Same as Above</i> )	Title of Position(s) and Date(s) Held						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
	Not Applicable			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual				Date ( <i>Month, Day, Year</i> )		
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.							
<b>Other Review</b> ( <i>If desired by agency</i> )	Signature of Other Reviewer				Date ( <i>Month, Day, Year</i> )		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official				Date ( <i>Month, Day, Year</i> )		
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).							
<b>Office of Government Ethics Use Only</b>	Signature				Date ( <i>Month, Day, Year</i> )		
Comments of Reviewing Officials ( <i>If additional space is required, use the reverse side of this sheet</i> )							
<div style="text-align: right;"> <i>(Check box if filing extension granted &amp; indicate number of days _____ )</i> <input type="checkbox"/> </div>							
<div style="text-align: right;"> <i>(Check box if comments are continued on the reverse side)</i> <input type="checkbox"/> </div>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							

Reporting Individual's Name	Comments continued from first page	Page Number  of

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Reporting Individual's Name		<b>SCHEDULE A</b> continued (Use only if needed)												Page Number																			
BLOCK A		BLOCK B												BLOCK C																			
Assets and Income		Valuation of Assets at close of reporting period												Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																			
														Type	Amount																		
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Yr.) Only if Honoraria
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2																																	
3																																	
4																																	
5																																	
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\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other categories of value, as appropriate.